Date January 5, 2010

Under the Paper	work Reduction Act	of 1995	no persons are rec	uired to r	U.S. Patent espond to a collection	t and Trade n of informa	mark Office ation unless	U.S. Di it displa	EPARTMENT OF CO ys a valid OMB contr	MMERCE of number
Fees pursuant to the Consolidated Appropriators Act, 2006 (H.R. 4618). FEE TRANSMITTAL For FY 2009					Complete if Known					
					Application Number 10/599,937					
					Filing Date	C	October 13, 2006			
					First Named Inv	rentor J	Johan Frostegard			
					Examiner Name	e S	Sharon Wen			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	1	1644			
TOTAL AMOUNT OF PAYMENT (\$) 245.00					Attorney Docket	t No. E	EPCL:015US			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 50-1212 Deposit Account Name: Fullbright & Jaworksi, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILI		AND E JNG F			RCH FEES	EVAM	NATION	ccce		
		Sr	nall Entity		Small Entity		Small E	ntity		
Application		(\$)	Fee (\$)	Fee (\$		Fee (\$			Fees Paid	21
Utility	33		165	540	270	220	110			_
Design	22		110	100	50	140	70			
Plant	22		110	330	165	170	85		-	
Reissue	33	-	165	540	270	650	325			
Provisional 220 110 0					0	0	0			_
									Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues)								20	110	
Multiple dependent claims						-	90	195		
				Paid (\$)		Multiple Dependent Claims				
	20 or HP =		. ×	- =			Fe	e (\$)	Fee Paid (\$	ì
HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)										
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										aid (\$)
Other (e.g.,	late filing surc	harge):	Deficiency owed	due to	change in entity st	latus			245	.00
SUBMITTED BY		IN	1							
Signature		1 !			Registration No. 3	7 642	Т	elepho	ne 512-536-3184	
		1 1	il .	- 1	(Attorney/Agent) 3	1,0-12			5.2 500-5104	

This devices of information is required by T cell. 138. The information is required to deten or retiren is branch by the golds, when is to I capt by the DPFFO to provide an application, controlled which gives a present by 50 U.S. C. 120 and 07 DFT. 1.9. The controlled not set interest to the own minimal to compress, personal or a 1.4 discretifying the completed speciation forms to 84 U.S.\*T.D. These will vary departing upon the 34 U.S.\*T.D. These will vary departing upon the 36 U.S.\*T.D. These will vary departing upon the 36 U.S.\*T.D. The controlled controlled to 1.9 and 1.9 C. T. S. T.

Name (Print/Type) Steven L. Highlander